

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 22289

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Bonne Terre Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN Bonne Terre 094/0 Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None Length of stay in 1b				d. STREET ADDRESS 11 Dale St. (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) Cora Aldenia PETTY First Petty Middle Aldenia Last Petty				4. DATE OF DEATH JUN 6 - 1957 Month June Day 6 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 28 1883 73	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August Lindquist				14. MOTHER'S MAIDEN NAME Millie Campbell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT (son) 325 Oak St. Marshall Petty Farmington, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) unknown DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222							INTERVAL BETWEEN ONSET AND DEATH D.K.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour 11 Month June Day 6 Year 1957 a. m. 11 p. m. 11				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION Bonne Terre COUNTY Missouri STATE Missouri			
21. I attended the deceased from June 6-57 and last saw her alive on 6-6-57 . Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. L. Evans MD (Degree or title) 0				22b. ADDRESS Bonne Terre Mo - 6-857		22c. DATE SIGNED June 8, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JUN 9 - 1957		23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
24. FUNERAL DIRECTOR BOYER Funeral Home Bonne Terre, Mo. ADDRESS Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. June 8, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed C. Z. Boyer

Licensed Embalmer No. 167

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.